

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			1/20/00

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1-2-03	
4-1-03	
46	N
47	N
48	N
49	✓
50	✓

Claim	Date
Final	
Original	
1-2-03	
4-1-03	
51	✓
52	✓
53	✓
54	✓
55	N
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60	
61	
62	✓
63	
64	
65	
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67	
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77	N
78	✓
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80	✓
81	N
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84	
85	✓
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90	N
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Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
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